CHAPTER X

SUMMARY AND CONCLUSION

Around the world, many researchers have proved that women's employment affects their fertility performance. The present research was undertaken with a purpose of finding out the differential effect of women's employment in different types of occupation and at different occupational levels. The researcher has selected women employed in the Bombay Municipal Corporation in the three occupations - teaching, medical and office work and working at three occupational levels, low, middle and high. The main areas in which the effect of women's employment is studied include the following:

1. Age at Marriage
2. Attitude about various factors affecting fertility
4. Use of induced abortions to check spacing failures and to avoid crossing the desired family size.
5. Cost of children
6. Benefits from children

Earlier researchers have shown that all the above mentioned factors affect fertility and are themselves affected by women's employment. The present research concentrates on the differential
effect of women's employment in the three selected occupations at the three selected occupational levels on the above mentioned factors and through them, on fertility.

In most of these areas significant differences were found both by occupation and by occupational levels. The only factor under consideration which does not seem to be much affected by either is the attitude of respondents regarding various factors affecting fertility. The attitudes covered included attitudes regarding the ideal age of marriage for a girl, ideal age of mother at the birth of the first child, ideal gap between marriage and the first child and between children, attitude about remarriages of widows and divorcees, about abortion and about use of amniocentesis to detect and abort a female foetus as well as about sex avoidance on religious days and after child birth. Of all the above mentioned attitudes there were statistically significant difference only about the last two. Thus the differential effect of women's employment in different occupations and at different occupational levels is not through the differential attitude regarding various factors affecting fertility.

With respect to the age at marriage the difference among the respondents marrying before the
modal age is statistically significant by occupation but not by occupational levels. A statistically significant larger percentage of respondents from the medical occupation has married at or above the modal age as compared to the respondents from the other two occupations. This tallies well with the respondents' perception of the total effect of their service on their age at marriage. A significantly larger percentage of respondents from the medical occupation perceives the total effect of their employment as leading to 'late marriage' as compared to the respondents from the other two occupations.

As regards the perception of a direct link between employment and marriage, a significantly larger number of respondents from teaching occupation and from the category of office workers find a direct favourable relationship between their employment and their marriage as compared to the respondents from the medical occupation.

Many of the respondents from the medical occupation find a direct unfavourable effect of their service on their age at marriage. However, the unfavourable relationship between employment and marriage is mainly restricted to the middle and low occupational level in medical occupation.
Thus women working as nurses feel that the type of their work has an unfavourable relationship with their marriage. According to the perceptions of respondents from nursing category nurses are not easily accepted as housewives as the nature of their job, specially their shift duties are not generally willingly accepted by the society, though, as per their own perception the situation is changing in recent time.

The above discussion clearly shows that the effect of medical occupation and specially of the lower two occupational levels in medical occupation (staff nurses and sisters) is the higher age at marriage as compared to the other two occupations. Thus one of the factors affecting the fertility of respondents from medical occupation is their higher age at marriage.

Earlier studies have found that the proportion of an earning woman's income to total family income as well as the intensity of the need of her service, affect her age at marriage. The results of this study do not show such a relationship. However, like the earlier studies this study also shows that the attitude of a woman about her service affects her age at marriage to a statistically significant level.
One of the important findings of this study regarding the relationship between a woman's employment and her age at marriage is related to the factor responsible for the increase in the age at marriage. Earlier studies indicate that an employed woman is supporting her family and therefore her parents show less interest in arranging her marriage thereby leading to a higher age at marriage for her. The present study shows that it is not the change in the attitude of respondents' parents regarding respondents' marriage, but a change in respondents' own outlook about their marriage which leads to a higher age at marriage for them. They themselves want to postpone their marriage to support their family of lineage for a larger period.

Other finding related to this is that as per the respondents' perception the respondents' own attitude about marriage is more unfavourably affected by their employment when they are spending their earnings for their relatives than when they are spending their earnings for themselves. Thus more of them are interested in postponing the marriage to help their relatives financially than to enjoy their independent earnings as was found in some earlier studies. Whatever the cause of the postponement of marriage, the effect on fertility will remain the same:
A higher age at marriage will always reduce fertility. However, the correct analysis of the cause would give a better insight as to the process involved in the postponement of marriage.

A regression was worked out with age at marriage as the dependent variable and respondents' present age, her years of education and her age at joining service as the independent variables. The regression analysis showed that 'age at joining service' is the single most important factor affecting age at marriage.

The age at marriage is found to be strongly co-related with the age at the birth of the first child. the 'Pearson's R' is equal to 0.754, explaining 0.58 of the variance in the age of mother at the birth of her first child. In the regression analysis the age at marriage was found to be the most important independent factor inversely affecting the number of conceptions after the desired family size when the latter was studied as a dependent variable and respondents' present age, her years of education and her age at marriage were considered as the independent variables.

The aspect which is most affected by the fact of a woman's employment and by the type of
occupation in which she is working as well as by the occupational level at which she is working, is the employed women's knowledge, attitude and practice of family planning. Considered by knowledge of family planning before marriage and by the number of family planning methods known, medical occupation is the leading occupation followed by teaching followed by office work. Considered by the number of family planning methods for which respondents have a favourable attitude, the same sequence is maintained.

Coming to the issue of practice of family planning, the initial use of family planning method before the birth of the first child, use of family planning method immediately after reaching the desired family size and use of more effective methods both initially and immediately after reaching the desired family size, medical occupation maintains the lead but respondents from teaching occupation, though maintaining their second position in initiating the use of family planning methods before the birth of the first child, are on par with the respondents from the office work in the use of family planning immediately after reaching the desired family size and recede to the third position when the effectiveness of the family planning method used at both the time periods is considered. Yet they maintain their second position if
judged by the success of the family planning methods used immediately after reaching the desired family size. However, office workers are the most effective in not crossing the desired family size by resorting to induced abortions.

This brings to light three important things.

1. Respondents from the medical occupation excell in all the aspects of family planning beginning from knowledge upto the effective practice.

2. Teachers maintain their second position except in the use of more effective methods but non-the-less are second if judged by the success with family planning.

3. Office workers are the most ineffective group with respect to the knowledge of family planning, initiation of family planning methods at an early time period and use of more effective methods but they are the most effective group in handling undesired pregnancies after reaching the desired family size. They resort to induced abortions in a much larger proportion if they experience undesired pregnancies after reaching the desired family size and there by they are the most successful group in not crossing the desired family size.
Considered by occupational level, the high level has more of knowledge of family planning before marriage but it is followed closely by the low (not the middle) occupational level. However, the differences between the knowledge are not as striking between the occupational levels as they are between different types of occupation.

The lead of the high occupational level in using contraception before the first child is however striking, the other two occupational levels being almost on par with each other and lagging far behind the high occupational level. But when it comes to the initial use of effective contraceptive method, the difference lowers down even though the lead of the high occupational level continues.

The lead of high occupational level is lost when use of more effective methods immediately after reaching the desired family size is considered. Here the lead is that of low occupational level. This explains the higher level of success of respondents from low occupational level in not conceiving after reacting the desired family size. Thus the low occupational level is the most successful group among the three occupational groups under consideration in not conceiving after reaching their desired family size.
However, when it comes to dealing with the first failure of contraception after reaching the desired family size, the high occupational level has resorted to induced abortions on a larger scale, the middle and low occupational levels being more or less at the same level and lagging far behind. (Their respective percentages being 78.5%, 44.4% and 40%). Thus the high occupational level is the most serious group in handling the contraceptive failures experienced after reaching the desired family size and in not crossing the desired family size.

Thus a statistically significant difference is found in the way through which the respondents from the different occupations and from different occupational levels practice family planning. Apart from the differences in knowledge and attitude as well as in the age at marriage responsible for these difference, there are differences in the expected costs of and benefit from children which may have led to these results.

The costs are not considered in this study either in terms of monetary costs or in terms of opportunity costs. The details of monetary costs of child rearing are not considered as it is not the actual monetary cost but the change in that cost
due to the fact of women's employment that is relevant while discussing the relationship between employment and fertility. This change in the monetary cost of child rearing due to women's employment has been considered in this study by asking the respondents two questions. Thus question no. 8 in part 'C' of the schedule enquires about the monetary cost the respondent had to pay for child care arrangement. The next question enquires about whether the respondents would have been forced to cut on the expenditure that they were currently making for their children had they been not employed. The answer to the question indicates whether respondents employment has raised their expenditure on their children.

The 'opportunity cost' is not considered as it can be rightly considered only when a mother gives up her job in order to look after the child. However, the sample for the present study consists of women who have continued with their jobs throughout their family building period. The earlier studies on this aspect show that this is the situation in India for majority of women employed before marriage.

Besides the above costs, there are also the physical and psychological costs shouldered by
the employed mothers both on the front of employment and on the front of child rearing. The research has attempted to consider these costs. This being a subjective estimation of an abstract thing of an interdisciplinary nature and also it being the first effort of its kind in dealing with such costs, the researcher confesses her limitations. Besides, the cost considerations are also not central to the study. Thus the costs are just enumerated and no effort is made to measure them. The enumeration, however, throws light on the type of these costs shouldered by an employed mother and the utility of such an enumeration for the analysis of 'cost of children'. Earlier research has shown that a higher cost of children leads to lower fertility. Hence the analysis of 'cost of children' by the type of occupation and by the occupational level, even in the enumerative sense, can explain how the type and level of occupation of employed women can differentially affect their fertility by differentially affecting their cost of children.

Costs of children were considered in this study in terms of the opportunities lost while in service by an employed mother due to her responsibilities of child bearing child rearing. It included opportunities for in-service training and other service related education, opportunities of
confirmation and promotion and any other chances like going abroad. The actual loss of the opportunities as well as the presence or absence of any mental strain involved in the opportunity loss were considered.

Along with the loss of the opportunities in service the monetary loss due to half pay or full pay leaves taken for child bearing and child rearing were also considered.

On the front of child rearing the cost was considered in terms of the heavy physiological and/or mental burden which an employed mother might have Shouldered in combining child bearing and child rearing with her responsibilities on the job. It thus referred to the gap between the ideal time period for which a woman should stay with her new born child and the actual statutory maternity leave available to her. If the ideal referred to a longer time period than the one granted by the statutory maternity leave it certainly indicated a cost. The cost also included the mental strain of not being able to look after the child wholly by oneself as well as the physiological and mental strain of not being able to breast feed the new born child for the desired time period. Similarly it considered the rise in the monetary cost of child rearing as a result of the additional income made possible by the mothers' employment. The cost of child
rearing on this front was also enumerated from whether or not the respondent had ever felt like giving up the job due to child care problems.

One point which was stressed by all the respondents, irrespective of their occupation and their occupational level was that a longer leave is needed to look after a new-born child than is currently granted by the statutory maternity leave. Most of the respondents have actually used their paid leave along with the half pay or without pay leave for this purpose after their maternity leave was over.

As regards the percentage availing themselves of service related education and training during their family building period, 72% of office workers and 70.7% of teachers had this experience while only 32.0% from the medical occupation had it. Again, while 21.3% from office workers and 18.7% from teaching occupation experienced a strain of this experience due to their child rearing responsibilities, only 9.3% from medical occupation experienced it.

With regard to the other aspects of costs like loss or postponement of permanency or promotion and of other opportunities in service and the 'mental strain involved in all this there were no significant differences either by occupation or by
occupational levels and the percentage of respondents experiencing any of them was well below 10% except in the case of the medical occupation where 17.3% of the respondents lost some opportunities in service due to their family building responsibilities. However, when the percentage of respondents who had to give up the thought of service related education due to children is considered, it was above 40% for both office workers and teachers and only 27% for medical personnel.

When the respondents' perception of the physical and mental exhaustion in combining job and child rearing duties were considered, almost 2/5th of the total respondents have suffered from it there being no differences by occupation between teachers and office workers but for respondents from medical occupation the strain was higher to a statistically significant level as compared to the other two occupations.

Regarding the increase in the monetary cost of child rearing due to the cost of child care arrangement, 60% of the total respondents answered in the affirmative. There were significant differences both by occupations and by occupational levels. The point worth noting is that the cost is incurred by a much longer percentage from the low occupational level (53.3%) as compared to respondents from middle and high
occupational level (38.7% and 29.3% in case of middle and high occupational levels respectively).

A substantial number has also experienced increase in the overall expenditure on children due to their earning and the occupation wise differences in the number of respondents experiencing this increase are noteworthy as between teaching and medical occupation on the one hand (70.7% and 68.0% respectively) and office workers on the other hand (80.0%).

Almost 2/5th of the respondents have experienced difficulties in working on their jobs during pregnancy. Around 33% thought of giving up the job due to child-care problems at one time or other. This clearly shows that for at least 1/3rd of the sample respondents the psychological and physical costs involved in combining job and child care were overwhelming at one time or another.

Coming to the benefits from children, though almost all of them did not visualise any need of financial support from children in the old age, almost half of them (47.6%) referred to their children as a source of old age financial support in the case of exceptional situations of financial need. There were only marginal differences in these
expectations between occupations and also between high and middle occupational levels but a higher percentage of respondents from low occupational level expected the help.

A much larger percentage (77.3%) looked to children as a source of old age physical support. There were statistically significant differences between the occupations (64% from teaching, 55% from office work and 48% from medical occupation expecting the support). There were also differences between the expectations from sons and daughters. (the difference between expectations from sons and daughters being 17.3%, 12% and 5.3% for respondents from teaching, medical and office work respectively. Thus more of office workers were found to have egalitarian expectations from sons and daughters.

The above discussion shows that the cost of children enumerated in terms of cost faced by an employed mother in terms of loss of opportunities or money or both were notable. More than 70% of the respondents from teaching and office work have completed in service training or service related education after child birth. Around 20% of respondents from these two occupations have experienced a mental strain of this education due to their child rearing
responsibilities. This must have increased their awareness of the cost of children reducing their fertility.

While only 32% of the respondents from the medical occupation had this experience and while less than 10% of the respondents from medical occupation experienced a strain of it, the respondents from the medical occupation experienced the cost of children in other forms. The experience of loss of opportunity in service due to child birth or child rearing was experienced by 70% more respondents from the medical occupation as compared to 'teaching' and 'office work'. Again, the percentage of respondents experiencing physical and mental exhaustion in combining child rearing and job was higher for respondents from medical occupation as compared to the respondents from the other two occupations and the difference was statistically significant. This indicates the areas in which the respondents from the medical occupation have shouldered a higher cost of children which may be one of the factors leading to their success in family planning.

The increase in the monetary expenditure on children due to the respondents' earning is a fact experienced by a much larger number from low occupational level as compared to the other two
occupational levels. A large percentage (70%) of respondents from low occupational level also experienced the cost of child care arrangement but it has not led to a more effective practice of family planning from this group. The total effect of costs cannot be thus measured unless an index of 'cost of children' is prepared.

Apart from these considerations of cost by occupation and by occupational levels the burden of 'child cost' to an employed mother was also discussed in aggregate with respect to the whole sample and it was found that 60% of the respondents have felt the cost of child care arrangements, 40% have experienced difficulties in working on their jobs during pregnancy and 33% have thought of giving up jobs for child care problems. These costs show a new aspect of 'cost of children' likely to make employed women more conscious about their family size.

When the benefits from children were considered, it was found that almost half (47.6%) of the total sample women expected financial help from children in the exceptional situation of financial need in the old age. However, more than 3/4th of the employed women looked to children as a source of physical support in old age. There was a significant
occupation-wise difference in the number of respondents expecting physical support from children in old age. As only 48% of respondents from the medical occupation expect this support, it is quite clear why they do not want a large family.

RECOMMENDATIONS (POLICY IMPLICATIONS)

The present study has conclusively shown that the knowledge of family planning before marriage leads to the earlier use of family planning. It also indicates that such use makes women more successful in family planning. Simultaneously the study has shown that only about half of the sample respondents had such knowledge. It therefore makes it clear that government should make special efforts to make this knowledge available to women before they get married. Women should be encouraged to learn about these things before they get married. This can be achieved by providing training course for women in the marriageable age group by the family welfare centres and encouraging more and more women to attend these courses. The knowledge can be provided through informal networks of women such as Mahila Mandals. It can be made a compulsory part of educational curriculum and thought can be given to making this knowledge a part of different competitive examinations used for selecting candidates to fill in vacancies in all jobs. It can be
made a compulsory condition for enrolling names with employment exchanges.

Along with knowledge, attitude training is very much needed. Even when the present sample consisted of educated employed women, 38 were undecided about their desired family size at the time of their marriage. Of the total sample of 225, a group of 63 respondents had conceived after crossing their desired family size and 14 of them had allowed these undesired pregnancies to mature into child birth. This shows that they were either not very clear about their desired family size or they were not firm about it.

Not only they were not clear and firm about their desired family size but some of them also had a larger family size of 3 or 4 as their ideal or desired family size. Twenty respondents had 3 or 4 as their ideal family size and 12 had this large size of 3 or 4 as their desired family size.

As the educated employed women working in different professions like teaching and medicine are said to be the norm-setters for the students and patients coming in their contact it is very much desirable that they are encouraged in all possible ways to have firm, exact and small family size as their ideal and desired family size. Hence the
family welfare centres should not only impart information regarding family planning but they should also help the women to have a proper attitude about the desired and ideal family size making them aware of the tremendous population pressure in the country and convincing them of the macro and micro level indispensibility of a smaller family size norm. For bringing about this attitudial changes as well as for providing information about different family planning methods before marriage the government should not wholly depend on its own family welfare centres but should encourage all voluntary agencies to undertake such activities by providing special grants and technical assistance.

The present research shows that there are no statistically significant differences in the desired or achieved family size either by occupation or by occupational level. But the extent of pregnancy wastage through which the result is achieved is very much higher for respondents from the office workers group. Hence there is a need to concentrate on making women workers working as office workers aware of the earlier use of family planning and of the use of effective methods of family planning. On the other hand, respondents from the other two groups, e.g. teachers and medical personnel have allowed an unwanted
pregnancy to result in a child birth. Women from these occupations should, therefore, be trained to be firm about their family size even if it comes to induced abortion.

There are 63 respondents who have experienced an unwanted pregnancy one time or the other, in this sample of educated employed women living and working in a cosmopolitan city like Bombay. Though 213 of them have used family planning 63 of them have failed. It shows that the high extent of the use of induced abortions revealed by this study is not a thing which could be totally avoided by the use of family planning methods. Though abortion is accepted by law, it is not accepted as a method of family planning and hence women do not get information about abortion from family welfare centres before they face an unwanted pregnancy. If reliable information is provided to women regarding abortion they would be aware of the physical and mental cost of undergoing induced abortion at a later stage of pregnancy and will also come to know that at the earliest stage of pregnancy abortion is not very much harmful. Of course they should also be made aware of the dangers of repeated abortions. Then they will try their best to avoid unwanted pregnancies by using the most effective methods and at the same time, if they somehow fail in their family planning efforts
they will not waste time before taking the decision of induced abortion nor would they allow that unwanted pregnancy to result into the birth of an unwanted child.

To achieve this aim, only governmental efforts may not suffice. Voluntary organisations like Mahila Mandals should be encouraged to form informal groups of women discussing their stories of failures with different family planning methods and the women can give tips to each other about the causes of the failures and the ways out. Only official information and technical advise is not enough to succeed with a delicate technique like family planning where so much of interpersonal psychological and physiolotical communication is involved.

Though the fertility studies often dwell more on the knowledge, attitude and practice of family planning it is equally important to stress the socio-economic aspects. This study has revealed the causes of the disguised son-preference. It also reveals that there are no significant differences in this preference either by occupation or by occupational level. There is a need to understand this reality if a change is to be brought about. Slogans of equality will just put a cover on the real facts of inequality and
the facts will remain unchanged. What is needed is a more realistic approach accepting the existing differences in the likely benefits from the male and female children and to train the present generation from school level to bring about a change. Ways and means should be thought of through which female children could support their parents both financially and physically even after they are married. They should be trained at least at the attitudinal level to accept boldly the responsibilities of their family of lineage even after marriage. The male children should be trained mentally to help their future wives in this and voluntary organisations should be encouraged to help women actually acting on this conviction. They should also be encouraged to motivate parents of this generation to accept this right of their daughter in laws of financially and physically supporting their parents thereby aspiring for the same support from their daughters.

Another fact revealed by the present study should also be seriously considered. There are 8 respondents in the present sample with 'one' as the ideal family size and 35 had 'one' as their desired family size. But four of the 8 having one as the ideal family size had an actual family size of 2 or more and 22 of the 35 respondents having desired
family size as 'one' had an actual family size of two or more. This makes it clear that there is a need to identify and encourage the group with one as the ideal or desired family size so that their actual family size can tally with their ideal and desired family size. Women's informal networks should be encouraged to bring about this change.

One more important fact revealed by the study is that the respondents from the medical occupation are the most favourably affected group as far as the effective control of fertility is concerned. It thus suggests a need to encourage more of women to participate in the medical occupation. One major obstacle to this participation revealed by this study should be removed for this purpose. From the responses of the respondents from this occupation it is seen that prospective bridegrooms seem to be reluctant to select marriage partners from this occupation working in the category of staff nurses and sisters. Hence the government should encourage voluntary organisations to take steps to change this attitude of the society. Some concessions in shift duties should be offered to staff nurses and sisters with young children aged one and below. This may help to remove the negative attitude of public about selection of marriage partners from these occupational groups. Some of the respondents from these
categories have expressed the view that recently the attitude about selecting marriage partners from these occupational categories is changing in the right direction. Efforts should be made not only to make it less negative but to make it really positive.

Considered by occupational level, the respondents from the high occupation level are found to be the most efficient in most of the aspects of family planning. A statistically significant larger number of them knows about family planning before marriage, uses family planning before the birth of the first child and immediately after completing the desired family size; and more of them use more effective methods of family planning at the first time periods. A statistically significant number from this group turns to induced abortion when they experience unwanted pregnancies. As the respondents in the high occupational category consist of both the varieties: those who were in the high level from the beginning of their career and these who have graduated to the level - it shows that- offering the educational opportunities to women needed for appointment at higher occupational level and inspiring them to graduate from lower to higher occupational level by providing some sort of reservation in education and in promotion is certainly a policy worth considering.
Regarding the age at marriage, the government should take into consideration the other side of the coin while continuing with its present effort to encourage a rise in the female age at marriage. It should take into consideration the upper limit of the age at marriage — specially based on the ideal age of the mother at the birth of the first child from the gynaecological point of view and should make special efforts to help the employed women not to cross it. This would encourage them to use family planning method immediately after marriage, thereby improving their success with family planning.

One major channel through which women's employment reduces her fertility is the increase in the cost of a child. The present study has calculated this cost partly in terms of the opportunity losts in service due to the responsibilities of child bearing and child rearing and the mental strain accompanying this loss. The survey showed that though quite a large number of respondents have lost one or the other opportunity in service due to the responsibilities of child bearing and child rearing a much smaller number has experienced a substantial mental strain of the loss. This shows their priority to the 'mother role' in fulfilling which they can easily accept the losses of opportunities in employment. The
study therefore points out the need of emphasising equally well the 'worker role'. If the women are equally looking at themselves as 'workers' as they look to themselves as 'mothers', they will not easily sacrifice their opportunities in service to fulfill their 'mother role'. Then they will feel the strain of the loss of opportunities in service. Once they thus become conscious of the child cost then only they will try to restrict their fertility effectively to minimise these losses. Therefore, the government should itself and through voluntary agencies try to promote the 'worker-role' of the women.

Regarding the dissatisfaction with the child care arrangements, respondents from the medical occupation were the most dissatisfied group as per this survey. One likely cause seems to be the better awareness of the respondents from the medical occupation regarding the quality of child-care services. It would be very much desirable to create this awareness amongst women working in all types of paid jobs which will make them more conscious of the cost paid in terms of the adjustment with child care facilities making them restrict their fertility so that they can afford to make better arrangements for a well qualified (if more costly) child care.
Apart from the insight regarding the differences in fertility affecting variables by the occupation and the occupational level of the employed mothers, the survey has thrown light on the general attitude of the employed mothers. Thus it shows that more than 70% of the respondents feel that 'every girl must marry' and 'marriages should be continued at any cost'. If the respondents answering 'as far as possible' are added, the percentage of affirmative answers to the second question comes to 87.6%. It indicates the need of making special efforts to change these traditional attitudes which will not only be beneficial from the point of controlling fertility but also from the point of view of other desirable social changes likely to improve the status of women.

Another important aspect found from this study is the absence of conscious consideration of cost-benefit from children by the parents. It would be a good policy to include these aspects in all courses in family planning to make future and present parents aware of the burden involved in child rearing. Special training groups working for different target groups can be encouraged to emphasize different aspects of the cost benefit specifically applicable to the group. While discussing the benefit, the possibility of absence of income flow from children as well as possib-
lility of lack of provision of pension from them should be emphasised and other ways of making provision for these things on one's own should be prominently brought to the notice of the would be parents. The consumption motive - the pleasure to be derived from children and the sociological benefits like company, recreation, self esteem can be accepted but even here the alternative ways of deriving these benefits should be tressed and more prominently it should be made clear that most of the benefits can be equally earned even when one has an only child.

There is one important aspect of policy recommendation not directly related to fertility reduction but which can indirectly bring about the desired effect by helping to improve the quality of the child. All the sample respondents had expressed a need for at least six months time during which the mother should be with the new born child (should not rejoin service) and most of them have managed to be with their new born child for at least a period of 4 to 5 months utilising their half pay or without pay leave for the purpose. All of them (Except the 12 who were physically incapable) were breast feeding their child before they rejoined service and peadiatrists around the world agree that breast feeding is the best food for a young child though gradually it should be supplement by other
food items after the child is three months old. Taking into consideration all these factors (not to mention the psychological benefits which the mother and the child is likely to get from breast feeding) it is very much desirable to extend the present maternity leave to a period of six months. If the cost seems to be exhorbitant, it should be realised that it is not a concession which will only benefit the mother but it is bound to benefit the child and it is a cost society should pay for the better health of its children. If six months maternity leave seems to be too much the employed mothers should at least be allowed to join part time (with full pay) for 3 more months, after the 3 months full pay maternity leave is over. This would make the child's adjustment to other food gradual and would reduce the mental and physical strain of the mother. Making this concession applicable to only the first two children would take away any pro-natalist effect. Rather, it can be used to encourage a family size norm of one child if this concession is granted only for the first child there by making possible the conscious consideration of this cost by an employed mother while thinking of the second.

GUIDELINES FOR FUTURE RESEARCH

Among the occupational levels the 'high' occupational level has a higher level of
knowledge of family planning methods, begins the use of these methods at an earlier stage and uses more effective methods of family planning in the beginning. However, when it comes to the use of more effective family planning methods after reaching the desired family size this occupational level receds to the second position and considered by the success of family planning methods used immediately after the desired family size, it falls to the last position. This suggests a possibility that the stress and strain of work at a higher occupational level or of the efforts to reach the higher occupational level might be reducing the efficiency of the respondents from the higher occupational level in family planning. More research is needed to find out the real position in which the research design of the present research will have to be improved upon to take into consideration the occupational level of the respondents at the time of their marriage and during their family building.

As far as occupations are concerned teachers were ahead of office workers in the knowledge of family planning methods before marriage and in the use of family planning at an earlier stage of their life cycle but they lagged behind in the use of more effective methods immediately after reaching the desired family size. However in spite of their use of
less effective methods of family planning immediately after reaching the desired family size they were more successful with the method used immediately after reaching the desired family size. A detailed study is needed to find out why they used less effective methods and how more of them could succeed with less effective family planning methods. Whether their earlier use of family planning methods made them more successful with less effective methods or whether the 'learning-teaching' skill which their profession requires made them more successful is a new area of interest to investigate.

Another notable aspect about the group of teachers is that the difference between the attitude regarding vasectomy and tubectomy is the least amongst teachers. This shows a more egalitarian approach on the part of the teaching community. Causes of this attitude should be studied.

The office workers were standing last with respect to the knowledge of family planning before marriage, the use of family planning methods before the birth of the first child and the success in the family planning methods used immediately after completing the desired family size but they were the second in using more effective methods of family planning.
planning and the first to resort to induced abortion in case of the first accidental conception after reaching the desired family size. They were also the first in accepting terminating method of family planning after the first failure of family planning method after reaching the desired family size. Their neglect of family planning at an earlier stage and their seriousness about the desired family size at a later stage is worth going in for a deeper study.

Apart from these new areas of research suggested by this study there are some guidelines for research which this study suggests. Thus the study shows that the knowledge of family planning should be better related to the knowledge of family planning before marriage than to the current knowledge of family planning. It shows that knowledge of family planning before marriage is a more effective index of knowledge as compared to knowledge of family planning in general.

In the analysis of this study it was found that a disguised son-preference in the minds of the respondents can be revealed by analysing their attitude about the expected benefits from sons and daughters. This 'son-preference' is concealed in the usual direct questions regarding the desire for son and daughter in an ideal or desired family size. This also
shows the possibility that direct questions may not show the real attitude on other socially sensitive issues like use of amniocentesis to abort a female foetus and the need of some sort of counterchecking in research of this type is suggested.

The discussion of pension motive in financial and physical terms in this study has revealed that the latter is much more important. Thus it is desirable to include the physical aspect of pension motive along with the financial aspect wherever this motive is under consideration.

The researcher is hopeful that this work presented on the basis of the exploratory study would be helpful for future experimental studies intending to go deeper in the analysis of the various aspects of the effects of the type of the occupation and the occupational level of the employed women on their fertility. It is hoped that the policy changes suggested on the basis at the study will be useful in bringing about changes in the attitude and practice of family planning and the future of family and society.